PTO/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD										s it displays a valid OMB control number.  Application or Docket Number				
Substitute for Form PTO-875									1 '''	10/801.692				
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY				
1	FOR NUMBER FILED			D NIIM	NUMBER EXTRA		D470 (0)		7	·	T -			
BASIC FEE				- 11000	DEN CATION	1	RATE (\$)	FEE (\$)	┨	RATE (\$)	FEE (\$)			
SE	(37 CFR 1.16(a), (b), or (c)) SEARCH FEE				·	┨	·	<b> </b>			<del></del>			
(37 CFR 1.16(k), (i), or (m))  EXAMINATION FEE						1	<u> </u>		1		<u> </u>			
(37 CFR 1.16(o), (p), or (q))														
	TAL CLAIMS CFR 1.16(i))	- 1	minus	20 = .		1	X =		OR	x =				
INC (37	DEPENDENT CL CFR 1.16(h))	AIMS	minus	3 = .		1			1 ~					
lf If			If the specification and drawings exceed 100			-	X =		-	X =	<u> </u>			
FE	PLICATION SIZE E CFR 1.16(s))	she is \$: add	the application : small entity) for ets or fraction to	size fee due r each hereof. See										
MU	35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
• H	* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		1	TOTAL				
	APP	LICATION	AS AMENI	DED – PART I	ſ				4					
			, to , tivicity	JED - I AIKI I						<b></b>				
	1-27-06 (Column 1) (Column 2) (Column 3)					SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINII AFTER AMENDME	NG ENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)			
Z	Total (37 CFR 1.16(i))	20	Minus	20	= /		X =		OR	х =				
2	Independent (37 CFR 1.16(h))	1 2	Minus	3	= /	l	X =		1	<del> </del>	/			
ME	Application Size Fee (37 CFR 1.16(s))						<del>                                     </del>	_/	OR	X . =				
₫.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								OR		/			
					<del></del>		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
		(Column 1		(Column 2)	(Column 3)						1			
ENT B		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)			
Σ	Total (37 CFR 1.16(1))		Minus	**	=		x =		OB.	ν	, c.c.(\$)			
END	Independent (37 CFR 1.16(h))	. •	Minus	***	= , .		x =		OR					
AME	Application Size	e Fee (37 CFF	R 1.16(s))				· -		OR	X =				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR					
			······································			1	TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE				
***	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

								Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								RD					
	<u> </u>		14/801,622											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS 3							RAT	RATE FEE			RATE	FEE		
×	R		MUMBER	FILEO	MUNISER EXTRA		BASIC	BASIC FEE 385.		OR	Basic Fee	770.00		
TOTAL CHARGEABLE CLAIMS			3 minus 20-		•		X3 9=			OR	X518a			
INDEPENDENT CLAIMS			minus 3 =		•		X43=		•	ОЯ	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT .						-14	3-		OR	+290=				
* If the difference in column 1 is less than zero, enter "0" in column-2						101	AL.		OR	TOTAL	סוד			
CLAIMS AS AMENDED - PART II							OTHER THAN							
(Column 1)					(Column 2) (Column 3)			SMALL ENTITY		OR	SMALL			
MENOMENT A	12.15	CLAIMS 'REMADING AFTER AMENDMENT		PREVIO	BER USLY	PRESENT EXTRA	RAT	RATE	ADOI- TIONAL FEE/		RATE	ADDI- TIONAL FEE		
Q X	Total	. 17	Minus	- 20		- /	XSS			OR	X\$18=	<b>7</b> .		
19	Independent	٠ 2	Minus	۲		- /	. X43	•	7	OR	X86			
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1145			OR	+290=			
	1.							M		OR	TOTAL			
	`	Charles 11		(Cabo	M	(Calumn 3)	ADDIT, I	FEE		JO	ADDIT. FEE			
	(Cohimn 1)		<del></del>	(Cohm	EST BER PRESENT SUSLY EXTRA		7		ADDI-			ADOL		
MTB	4/24/06	REMAINING AFTER AMENDMENT	PREVI						TIONAL FEE		RATE	TIONAL. FEE		
AMENDIAENT B	Total	.14	Minus	-2		./	X\$-8-			СЯ	X\$18~			
AME	Independent	MITATION OF MIL	Minus	ENDENT	CI ABL		X43=			OR	X88±			
ب	FIRST PRESE	COLOR OF MIC		2.102.11			+145			OR	+290=			
					•		ADDIT, B	AL TE	,	OR	ADDIT, FEE			
	11	(Column 1)		(Cotun		(Column 3)								
NTC	13310	CLAIMS REMAINING AFTER AMENDMENT		NIGH NUMB PREVIO PAID I	ER	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
OME	Total Total	· /5	Minus	-2	Ö	. /	<b>XS 9</b>	.1		OA.	X\$10=			
AMENOMENT	Independent	·B	<b>EuriM</b>	/2	<b>^</b>	7	X43	1		OA	X86a			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
• 1	* (I the entry is column 1 is less than the entry in column 2, write 'V' in column 3.									OR	+290-			
* If the entry to column 1 is less than the entry is column 2, write "If it column 3.  # If the Polyhest Number Previously Pald For' IN THIS SPACE is less than 30, enter "25."  # If the "Highest Number Previously Pald For' IN THIS SPACE is less than 3, enter "3."  ## If the "Highest Number Previously Pald For' IN THIS SPACE is less than 3, enter "3."									L					
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FORM PTO-470 (Res. 1000)